

Family Crisis Center, Inc.

In the struggle

VOLUNTEER APPLICATION

Today's Date: ____/____/____

Name: _____

Current Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Employer: _____ May we contact you at work? Yes No

What is the best way to contact you during working hours? Work Home E-Mail Cell phone other

Emergency Contact: _____ Phone: _____

Are you volunteering to fulfill an organizational, class, or degree requirement? Yes No

What work/educational/volunteer experience do you have working with survivors of sexual assault and victims of domestic violence? _____

Why did you choose to apply to volunteer with Family Crisis Center, Inc. over other volunteer opportunities? _____

All volunteers are expected to treat all clients with respect and dignity, and without judgment. Explain your comfort level in serving clients regardless of their gender, race, religion, cultural diversity, or sexual orientation. Are there any groups you are uncomfortable working with?

Which volunteer opportunities are you interested in? (Check all that apply)

Office

Outreach

Shelter/Hotline

Sexual Assault Program

Fundraising

Thrift Shop

Legal Advocate

When can you volunteer?

Weekdays

Evenings

Weekends (Check all that apply)

Are you bilingual? Yes/No Language:_____

Speak

Read

Write (Check all that apply)

Have you ever been convicted for a law violation (other than a routine traffic violation) or are you currently on deferred adjudication or probation? Yes No

If yes, please list offense and when it occurred;

Thank you for your interest in Family Crisis Center, Inc. We appreciate your desire to become an advocate for victims of domestic violence and sexual assault, their family members, and friends. Please note that we will screen each applicant for acceptance into the volunteer program.

I verify that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature

Date

For Staff Use

Application Received_____

Called to Schedule Interview_____

Interview Date_____

Please list three individuals whom we may contact for a character reference. One must be a Professional reference (ex: employer, professor, or previous volunteer supervisor). Please complete this section fully.

1. _____
NAME ADDRESS CITY/STATE/ZIP

PHONE NUMBER RELATIONSHIP

2. _____
NAME ADDRESS CITY/STATE/ZIP

PHONE NUMBER RELATIONSHIP

3. _____
NAME ADDRESS CITY/STATE/ZIP

PHONE NUMBER RELATIONSHIP